SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES State of Nevada/City of Las Vegas **2001 PRIMARY AND GENERAL CITY ELECTIONS** Candidate's Name(print) Telephone Number Mailing Address (include city and zip code) REPORT NUMBER 3 - DUE AUGUST 15, 2001 Report Period Begins: May 25, 2001 Report Period Ends: July 5, 2001 **CONTRIBUTIONS SUMMARY** 1. From Report Numbers 1 and 2, total amount of contributions 2. Report Number 3, total amount of contributions 3. Interest and income earned, if any, during this report period 4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3) **EXPENSES SUMMARY** 5. From Report Numbers 1 and 2, total amount of expenses in excess of \$50 6. From Report Numbers 1 and 2, total amount of expenses of \$50 or less 7. Report Number 3, total amount of expenses in excess of \$50 8. Report Number 3, total amount of expenses of \$50 or less 9. Total amount of expenses for Report Number 3 (add lines 7 & 8) 10. TOTAL AMOUNT OF ALL EXPENSES FOR REPORTS 1, 2 AND 3 (add lines 5, 6 and 9) If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer. I declare under penalty of perjury that the foregoing is true and correct. Executed on Date

Prescribed by Secretary of State NRS 294A.360

EL201.003(rev. 12/00)

Total number of pages for this report

Ruth I. Speak Candidate's Name (print)

Office

District (if applicable)

Contributions (ALL)

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Ruth I Speak Office

District (if applicable)

Candidate's Name (print)

Expenses Categories

| Total Consultation | 37.4 | | |
|--|------|-------------------|------------------------|
| Office expenses | Α . | | |
| Expenses related to volunteers | В | | |
| Expenses related to travel | С | | |
| Expenses related to advertising | D | | |
| Expenses related to paid staff | E | | |
| Expenses related to consultants | F | | |
| Expenses related to polling | G | | |
| Expenses related to special events | Н | | |
| Goods and services provided in kind for which money would otherwise have been paid | ı | | |
| Other miscellaneous expenses | y | | |
| | | 11 3 V 6- P.17 pm | NECEIVED OITY CLERK |

Wh I Spend Office

Candidate's Name (print)

District (if applicable)

Expenses in Excess of \$50

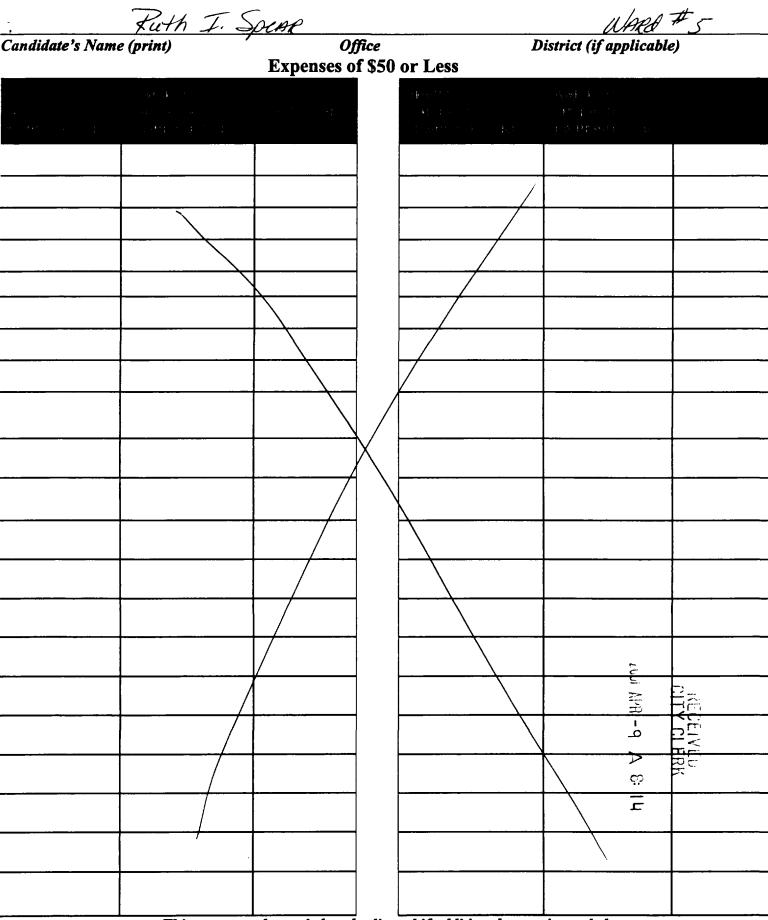
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PAGE 4 OF 5

District (if applicable)

Candidate's Name (print)



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